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# Fax Memo

**TO:** Mail Stop Amendment  
USPTO

**FAX NO.:** (571) 273-8300

**FROM:** Terry W. Kramer  
KRAMER & AMADO, P.C.

**DATE:** November 27, 2006

**SUBJECT:** U.S. Patent Application  
Title: **VISION-BASED METHOD AND APPARATUS FOR  
DETECTING FRAUDULENT EVENTS IN A RETAIL  
ENVIRONMENT**  
Serial No.: 09/938,148  
Attorney Docket No.: US010410

**PAGES:** INCLUDING COVER PAGE (14)

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**Message:** Submitted herewith are the following:

- Transmittal (1 page)
- Fee Transmittal with duplicate copy (2 pages)
- Credit Card Form with duplicate copy (2 pages)
- Petition for Extension of Time with duplicate copy (2 pages)
- Request for Reconsideration (6 pages)

In the event that the fees submitted herewith are insufficient, please charge any remaining balance, or credit any overpayment, to our Deposit Account Number 50-0578.

PTO/SB/21 (09-04)  
Approved for use through 07/31/2008. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/938,148	<b>RECEIVED CENTRAL FAX CENTER NOV 27 2006</b>
	Filing Date	August 22, 2001	
	First Named Inventor	Srinivas Gutta	
	Art Unit	2621	
	Examiner Name	David J. Czepak	
Total Number of Pages in This Submission	13	Attorney Docket Number	US010410

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Credit Card Form</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Kramer & Amado, P.C.		
Signature	<i>Terry W. Kramer</i>		
Printed name	Terry W. Kramer		
Date	November 27, 2006	Reg. No.	41,541

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Maria Anderson</i>		
Typed or printed name	Moira Anderson	Date	11-27-06

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PTO/SB/17 (01-06)  
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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>	<i>Complete if Known</i>	
	Application Number	09/938,148
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Filing Date	August 22, 2001
	First Named Inventor	Srinivas Gutta
	Examiner Name	David J. Czekaj
	Art Unit	2621
	Attorney Docket No.	US010410
TOTAL AMOUNT OF PAYMENT	(\$)	120.00

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**METHOD OF PAYMENT** (check all that apply)

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Deposit Account Deposit Account Number: 50-0578 Deposit Account Name: KRAMER & AMADO, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification,	\$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	Petition for Extension of Time for one month	\$120.00

**SUBMITTED BY**

Signature	<i>Terry W. Kramer</i>	Registration No. (Attorney/Agent)	41,541	Telephone (703) 519-9801
Name (Print/Type)	Terry W. Kramer	Date	November 27, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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		Examiner Name	David J. Czepak	
		Art Unit	2621	
TOTAL AMOUNT OF PAYMENT	(\$)	120.00	Attorney Docket No.	US010410

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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

  

**2. EXCESS CLAIM FEES**

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 HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ **Fee Paid (\$)**  
 HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**  
**Fee (\$)** **Fee Paid (\$)**

  

**3. APPLICATION SIZE FEE**

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

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SUBMITTED BY		
Signature	<i>Terry W. Kramer</i>	Registration No. (Attorney/Agent) 41,541
Name (Print/Type)	Terry W. Kramer	Telephone (703) 519-9801
		Date <i>November 27, 2006</i>

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